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## Department of Mental Health

## "Lives Beyond Limitations"





The Department of Mental health logo features four triangles connected to form one triangle. The middle triangle represents the almost 100,000 Missourians served each year by the department. These individuals receive services from the Division of Alcohol and Drug Abuse, which is represented by the Red triangle; the Division of Comprehensive Psychiatric Services, Blue triangle; and the Division of Mental Retardation and Developmental Disabilities, Yellow triangle. The Department of Mental Health is dedicated to providing Missourians affected by mental illness, substance abuse, compulsive gambling, and developmental disabilities the services they need to live successfully and pursue their dreams.



## Vision Lives Beyond Limitations

Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, and alcohol and other drug abuse.

## Mission

Working side by side with individuals, families, agencies and diverse communities, the Department of Mental Health establishes philosophy, policies, standards and quality outcomes for prevention, education, habilitation, rehabilitation and treatment for Missourians challenged by mental illness, substance abuse/addiction and developmental disabilities.

## Values



All people are accepted and included in the educational, employment, housing, and social opportunities and choices of their communities.



All people can easily access coordinated and affordable services of their choice in their own communities.



All people design their own services and supports to enhance their lives and achieve their personal visions.



All people are valued for and receive services that reflect and respect their race, culture, and ethnicity.



All people are treated with respect and dignity and their rights are ensured by persons providing them with services and supports.

Prevention and Early Intervention

All people live their lives free of, or are less affected by, mental or physical disabilities as a result of our emphasis on prevention and early intervention.



All people determine the excellence of their services and supports based on the outcomes they experience. Valued Workers

All people who provide services and supports are our organizations' most important resources.



All people receive services delivered by staff who are competent in dealing with culture, race, age, lifestyles, gender, sexual orientation, religious practice, and ethnicity.

## MISSOURI DEPARTMENT OF MENTAL HEALTH At a Glance

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ore than 138,000 Missourians are served by the Missouri Department of Mental Health through programs that recognize the dignity of the individual, their families, and their communities.

- The Division of Comprehensive Psychiatric Services (CPS) helps people who suffer from mental illness.
- The Division of Mental Retardation and Developmental Disabilities (MRDD) helps people who have long-term delays or disabilities in physical or mental development.
- The Division of Alcohol and Drug Abuse (ADA) helps people with substance abuse and compulsive gambling problems.

The department is dedicated to combating stigma associated with mental illness, developmental disabilities, and substance addiction.

## Missourians must know that:

Mental illness is a treatable disease;

Persons with substance-abuse or compulsive gambling problems can triumph over their addictions; Persons with developmental disabilities can be productive employees and good neighbors in our communities.

## The Operating Divisions

The Division of Comprehensive Psychiatric Services

ne in four families in Missouri is affected by mental illness. While many persons with mental illnesses seek and obtain treatment from private health-care providers, more than 57,000 people each year turn to the Department of Mental Health's Division of Comprehensive Psychiatric Services.

- ▼ Schizophrenia and depression are two of the most common forms of mental illness.
- ▼ The causes of mental illness may be physical changes in the brain, genetic factors present since birth, or outside factors.
- ▼ Most mental illnesses can be treated successfully and the persons returned to productive lives.
- ▼ In recent years, the focus of services has shifted from large institutions to community-based programs.

## The goals of the division include:

Accessible community-based services, Quality residential services, Available and affordable housing, Family-focused children's services.

▼ The division operates 10 facilities and supports 25 administrative agents and more than 600 comunity residential facilities.

The Division of Mental Retardation and Developmental Disabilities

developmental disability is a longterm condition, occurring before age 22, that delays/limits mental or physical development and interferes with basic life activities.

- ▼ An estimated 27,400 Missourians with such developmental disabilities as mental retardation, cerebral palsy, and autism receive services from the division each year.
- ▼ Many of these individuals, because of their disabilities, face barriers to the basic opportunities of education, employment, and community life.
- ▼ The Division of MRDD is committed to helping people with developmental disabilities live as independently and productively as possible in a safe and healthy environment.

### Services can include:

**Therapy** - occupational, physical, speech and behavioral therapy;

Family Support - respite care, counseling, home support services, parent training, and early intervention for infants and toddlers.

Training - programs are designed to help each individual reach their potential.

Residential Services - services may include specialized housing.

- ▼ Eleven regional centers serve as entry points into the MRDD system.
- ▼ Six habilitation centers provide specialized residential services.

The Division of Alcohol and Drug Abuse

lcohol, drug abuse, tobacco and compulsive gambling affect more than 1,000,000 Missourians.

- ▼ Alcohol and nicotine are the most commonly abused substances.
- ▼ Other abused substances include prescription and over-the-counter medicines as well as illicit drugs, such as cocaine and marijuana.

## Treatment services include:

Detoxification
Residential rehabilitation
Outpatient rehabilitation
Compulsive gambling treatment

CSTAR - Comprehensive Substance Treatment and Rehabilitation Programs offer a flexible combination of clinical services and living arrangements that are individually tailored for each client.

**Prevention Programs include:** 

Community 2000 - More than 212 Missouri communities are working to combat drug abuse on the local level through programs that focus Missouri's alcohol and drug abuse prevention resources.



## Missouri Mental Health Commission

James M. Caccamo, Ph.D., Chair St. Louis

D. Troy Curry, M.D., Secretary St. Louis

> Shirley Fearon Raytown

Alan Baumgartner Auxvasse

Betty Cooper Hearnes Charleston

David L. Ohlms, M.D. Kirkwood

## Missouri Department of Mental Health

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> Patricia Graber Deputy Director 573-526-1202

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## **Organization Overview**

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

## MENTAL HEALTH COMMISSION

The commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director.

The commission, by law, must include individuals who represent Missourians with mental illnesses, developmental disabilities, and alcohol and drug abuse problems and who have expertise in general business matters. Current commissioners are listed on page three.

The Department of Mental Health is organizationally comprised of three program divisions that serve approximately 135,000 Missourians annually. They are:

DIVISION	<u>STAFF</u> (Full Time Equivalent FTE)	FY 01 BUDGET (All Sources)
Alcohol and Drug Abuse (ADA)	152.78	\$77,017,172
Comprehensive Psychiatric Services (CPS)	5,201.04	\$310,922,738
Mental Retardation/ Developmental Disabilities (MRDD)	4,897.43	\$266,344,377

Seven support units assist the department and division directors in implementing DMH's programs and services. They are:

- 1. Administration (Budget, finance and general services)
- Quality Management (licensing, audit, Medicaid, investigation unit, etc.)
- 3. Human Resources
- 4. Information Systems
- 5. Legislative Liaison
- 6. Public Affairs
- 7. Consumer Affairs

DMH makes services available through state-operated facilities and contracts with private not-for-profit agencies. The state-operated facilities include eight adult inpatient facilities and two children's psychiatric facilities. In addition, six habilitation centers and 11 regional centers serve individuals with developmental disabilities. More than \$230 million in services are purchased from a variety of privately operated programs statewide through 3,000 contracts managed annually by DMH. The Division of Alcohol and Drug Abuse purchases all services, providing no direct services itself.



Caring Communities--The Department of Mental Health and six other state departments (Corrections, Elementary and Secondary Education, Labor and Industrial Relations, Economic Development, Health, and Social Services) partner with communities to work toward achieving better results for children and families through Missouri's system reform initiative, Caring Communities.

Families and their communities are the lifeline to provide protection and opportunities for children to be safe, healthy, and ready for adulthood. Children need strong families and strong families need viable communities. Substance abuse, inadequate health care, domestic violence, and poor job access threaten the well-being of families. Deteriorating schools, crack houses, abandoned businesses, and meager housing are the scars of poverty in too many neighborhoods.

Families want and need services that are diverse, flexible, and easy to access. They want services that are delivered by individuals who understand and respect their strengths and culture. Many agencies or programs expect families to "fit into" their menu of services. This menu is driven by funding streams and agency priorities rather than by families' wants and needs. Problem-oriented services underestimate the parents' and children's strengths and undervalue the families' natural helping networks by aiming to "fix a problem."

An Executive Order issued in 1993 by Governor Mel Carnahan created the Family Investment Trust (FIT). FIT was an innovative approach to altering the way government agencies collaborate with communities. FIT, and its 15-member governing body, were charged to assist communities and state agencies to achieve the following core results:

- Parents working
- Children and families that are healthy
- •Children safe in their families, and families safe in their communities
- Young children are ready to enter school
- Children and youth succeeding in school
- Youth ready to enter productive adulthood

Implementing a new direction for children and families requires a substantive change in the focus and organization of services, the relationships between communities and government, and the use of public dollars. Four operational strategies form the basis for partnerships between communities and government:

- •Increase the accountability of communities and agencies to improve results.
- •Change the way services are delivered by integrating and locating them in the neighborhoods where families live and children go to school.
- •Change the way services are financed by pooling funds more flexibly across state agencies and communities, and by tying program funding to the results they produce.
- Change the way decisions are made by involving neighborhood residents and community stakeholders in decisions that affect their well-being.

Caring Communities has continued to expand since the 1989 selection of the urban and rural pilot sites of Walbridge Elementary School in North St. Louis and the school districts of Knox and Schulyer counties in northeast Missouri. Communities have been invited to participate based on compelling needs, collaboration with state agency initiatives, and a history of investing in the community's children and families. There are now 18 Community Partnerships and three Community Collaboratives that are preparing to become partnerships. More than 100 caring Communities Sites have been identified to plan, develop, finance and monitor strategies. Caring Communities use results-based planning and budgeting to demonstrate accountability for the Core Results.

The seven state agencies have continued to expand their efforts to partner as they coordinate budgets across agencies in order to achieve better results for children and families. The Department of Mental Health FY 2001 budget for the Caring Communities is \$5,991,077.

## If this year in Missouri is like last year:

- ▼ More than 96,000 Missourians will be affected by schizophrenia, bipolar disorder, clinical depression, or another of the major mental illnesses. Approximately 40 percent of them will require publicly supported mental health services from some agency for an extended period of time.
- ▼ Seven percent, or about 97,200 Missouri children will suffer from severe emotional difficulties that will threaten their ability to function at home and in school. Approximately 31,000 of them will require publicly supported mental health services from some agency.
- ▼ Estimates of the number of homeless persons in Missouri range from 25,000 to as high as 40,000 annually. The majority are found in the state's two major metropolitan areas, with estimates of 10,000 to 12,000 in the St. Louis area and 7,000 to 12,000 in the Kansas City area. Approximately 8,000 homeless individuals will have serious mental illnesses. An additional 8,000 will have chemical dependency problems, of whom 6,000 will have a psychiatric disorder sometime in life.
- ▼ Approximately 700 Missourians will commit suicide. About 60 will be under the age of 20, while 160 will be over the age of 55.
- ▼ Approximately 15,000 newborns will be exposed to nicotine during their fetal development. In addition, 6,000 will be exposed to alcohol, 3,000 to marijuana, and 1,000 to cocaine. Exposure to these drugs will cause at least 1,000 infants to suffer significant drug effects at birth and beyond.
- ▼ About 10 percent of Missouri's drinkers will consume 50 percent of all alcoholic beverages sold in Missouri this year.
- ▼ Approximately 378,000 of Missouri's adults will need alcohol or other drug abuse treatment because their substance abuse seriously affects their family, work, community responsibilities, and eventually, their health.
- ▼ Approximately 500,000 Missouri children will live in homes where at least one parent needs substance abuse treatment.
- ▼ Methamphetamine abuse is a serious drug problem in Missouri. Methamphetamine treatment admissions in ADA programs will total an estimated 3,000 in FY 2001, and rank fourth in admissions behind alcohol, marijuana, and cocaine.
- ▼ Alcohol, tobacco, and other drug abuse in Missouri will cost \$8.1 billion in lost work, health care, and other expenditures related to injury, illness and death.
- ▼ Between one and two percent of Missouri's 75,000 new babies will be born with a developmental disability, adding to the approximately 100,000 citizens currently living with developmental disabilities in Missouri. The disabilities of 50 percent of these babies could be prevented with proper screening, prenatal care, abstinence of the pregnant mother from the use of alcohol and other drugs during pregnancy, diet, and medication.
- ▼ Approximately 5,000 more Missourians will apply to the Division of Mental Retardation and Developmental Disabilities for services. More than 70 percent of them will be determined eligible.
- ▼ With the legalization of riverboat gambling, calls to the gamblers hotline will number about 500 per month, with about 100 of these calls asking for help.

The Department of Mental Health will serve approximately 135,000 of the above Missourians and their families. They will come to us either because they have very limited incomes and must rely on the state for services or because the services they need cannot be found elsewhere.

The potential for these citizens to receive good services to prevent or reduce the effects of their mental health problems is greater now in Missouri than ever before. Medical and rehabilitation technology have greatly increased the array of treatment options.

For example, persons with the most disabling effects of schizophrenia may now be treated with new drugs like Clozaril or Risperidone, which allow those persons to function much more normally than ever before. People with alcohol, drug abuse, and compulsive gambling problems may now receive intensive outpatient services in their communities instead of waiting for one of a limited number of residential treatment slots, and many young mothers can now keep their children with them during the treatment process. A young child born with a developmental disability would once have been institutionalized. That child may now receive medication and diet supplements which will dramatically reduce the disability and allow the child to live at home and attend school.

Individuals and their families today are actively advocating for needed services and are influencing the service delivery system. In addition, counties and communities are playing a much stronger role in designing, funding, and even delivering services in partnership with the state and federal governments.

## Division of Alcohol and Drug Abuse (ADA)

## **OVERVIEW**

Alcohol, drug abuse, tobacco, and compulsive gambling affect more than one million Missourians.

The division's mission includes responsibility to fund and provide technical assistance to statewide and community efforts to plan and implement accessible programs to prevent and alleviate problems related to alcohol, drug abuse, and compulsive gambling.

Treatment services funded by the Division of Alcohol and Drug Abuse are targeted to individuals based on the severity of their problems.

Services are available through privately approved treatment programs whose funding comes largely from health insurance benefits. The State Advisory Council for ADA and six regional advisory councils make recommendations regarding the types of services needed throughout Missouri. Members of the councils are chosen from consumers of services, substance abuse treatment professionals, and others with an interest in substance abuse treatment and prevention.

The current year operating budget (FY 2001) for the Division of Alcohol and Drug Abuse is \$77,017,172.

## ABILITY TO PAY

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his/her family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

### **PREVENTION**

The current year appropriation (FY 2001) for prevention and education services is \$11,392,766.

Community 2000 is a comprehensive, community-based program which focuses Missouri's alcohol and drug abuse prevention resources on 211 communities that have organized to address the drug abuse problem.

Society's tolerance of drug use as a social norm is unacceptable. Changing this attitude of tolerance must be the first priority. Improvements in the coordination and management of government efforts to reduce alcohol and drug abuse are not possible without community support and involvement.

The Community 2000 initiative is designed to blend the resources of federal, state, and local governments with those of local community groups, schools, and families to focus efforts on local community needs. This initiative is administered locally through regional support centers. Services are focused on community development and coordination of local resources, and less on direct services to schools and organizations. Grants in aid will be made to municipalities participating in the Community 2000 Program.

Strategies used by Community 2000 blend the efforts of prevention, intervention, treatment, and aftercare services; devise methods for identifying and prioritizing areas of the state most in need of the scarce resources available; and require communities to develop individual comprehensive plans and demonstrate communitywide cooperation as a condition for receiving assistance.

The Community 2000 Program instructs community task forces to develop action plans to address alcohol and other drug issues in the community; insists that young people receive clearly defined and consistent "no use" messages concerning alcohol and other drugs; develops, provides, and supports healthy alternatives to alcohol and other drug use; and cooperates with school officials, parents, law enforcement officers, and young people to create healthy environments.

Tobacco use is the single most preventable cause of death and disease in our country. Most people begin using tobacco in early adolescence, typically by age 16; almost all first use occurs before high-school graduation, according to the Centers for Disease Control. The Missouri Youth Initiative (MYI) reports adolescent smoking in Missouri is increasing, with nearly one-half of high-school seniors reporting current use of cigarettes. The division's prevention system supports a community-based, integrated, multi-component approach to addressing tobacco use among youth. Recent efforts to raise public awareness of the seriousness of the problem include a statewide merchant education and media campaign and collaboration of efforts with other state departments and nonprofit organizations on both state and local levels. In addition, some communities are passing local ordinances for enforcement activities and including tobacco prevention programs in their schools. Future efforts will focus on best practices and measurable outcomes.

The Early Intervention/Prevention program is designed to provide early intervention services to families and youths. Youths who are identified by law enforcement, schools and other social agencies as being at serious risk of drug use are referred to the program along with their families. The youths and their families are assessed and provided counseling. If, after the early intervention, additional treatment is needed referrals are made to appropriate treatment agencies.

## TREATMENT & SERVICES

The Division of Alcohol and Drug Abuse provides services through a network of contractors who operate treatment facilities. The division monitors these providers and their treatment staffs, who must meet state certification standards. The current appropriation (FY 2001) for treatment is \$57,193,801.

**Detoxification** is the first step to recovery, where the individual is assisted in withdrawing from alcohol or drug addiction in a safe, supportive environment.

Outpatient Rehabilitation is provided to persons whose substance abuse is less severe or chronic and who do not require a residential setting for treatment. Outpatient rehabilitation also is designed for persons who have graduated from residential programs and need follow-up and after-care services, counseling, and referral to support groups.

Comprehensive Substance Treatment & Rehabilitation(CSTAR) is a unique approach to substance abuse treatment. It expands outcome expectations by offering a flexible combination of clinical services and living arrangements which are individually tailored for each client. The CSTAR model was developed by Missouri's Division of Alcohol and Drug Abuse and is funded by Missouri's Medicaid program and the division's purchase-of-service system.

CSTAR consists of assessment and treatment planning; community support to provide continuity of treatment, monitoring of progress, and access to needed community services and resources; counseling; specialized target population services for adolescents and women and their children; day treatment services; and living arrangement options which are permanent, substance-free, and conducive to treatment and recovery.

In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on serving people where they live by providing appropriate treatment services in a normalized, safe (substance-free) home. The program provides drug rehabilitation services, special skill-building and education programs, a protective setting for clients, and case management to help meet medical and social needs.

The Division of Alcohol and Drug Abuse purchases non-Medicaid-eligible CSTAR treatment services through the purchase-of-service (POS) contract system from community-based vendors. In addition, the division provides match funding for Medicaid-eligible CSTAR treatment services from the POS community-based agencies, as well as other agencies with POS contracts, primarily hospitals and community mental health centers.

There are approximately 41 CSTAR programs, 5,976 Medicaid-eligible clients, and 5,830 non-Medicaid-eligible clients.

The division makes available specialized women's treatment programs to provide detoxification, residential treatment, outpatient rehabilitation, and CSTAR services tailored to the special needs of women and their families, including pregnant women. The division contracts with 12 programs to provide specialized services to women. They are located in St. Louis, St. Charles, Columbia, Kennett, Hannibal, Kansas City, Springfield, Lee's Summit, and Joplin, with total contracts of \$10,139,122.

Adolescent Treatment Programs—The division's adolescent treatment programs serve youths who have moderate to severe substance abuse problems. The services include programs for the families. The division contracts with 12 programs to provide specialized services located strategically around the state. The agencies that contract with the division for adolescent service provision are Preferred Family Healthcare, in Kirksville, with outpatient offices in St. Joseph, Cameron, and Trenton; Scott Greening Center, Joplin and Kansas City; Comprehensive Mental Health, Independence; Burrell Center, Springfield; Family Counseling Center, Kennett, with outpatient offices in Poplar Bluff, Cape Girardeau, and Kennett; Community Treatment, Inc. (COMTREA), Festus, with offices in Arnold; New Beginnings, St. Louis, and Pathways Community Behavioral Healthcare, Inc., Clinton, with contracted outpatient services in Columbia and Jefferson City. There are a total of \$6,757,144 in contracts.

Residential Rehabilitation—In a residential treatment program, a person receives around the clock care, seven days a week. Rehabilitation includes assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures designed to help a person live an alcohol-and drug-free life.

**Substance Abuse Traffic Offenders Program (SATOP)**—This program provides a range of educational and rehabilitative services for persons who have had their drivers' licenses administratively suspended or revoked for drunk-driving offenses.

Alcohol and Drug Education Program (ADEP)—Under Missouri's "Abuse and Lose" law, minors arrested for posession of alcohol or other illegal substance offenses are required by the courts to attend ADEP, a 10-hour, Division-certified education and assessment program designed to deal with the causes and consequences of substance abuse.

Oxford House is a network of self-run, self-supported recovery houses. Residents share expenses and provide mutual support in a substance-free environment.

Currently, 54 Oxford Houses are operational in 15 Missouri communities. Each serves one of the following populations: men, women, and women with children. Oxford House residents must have at least 30 days of sobriety and be financially able to pay their share of house upkeep. The federal AntiDrug Abuse Act of 1988 stipulated that each state must create a \$100,000 revolving fund which allows startup loans to groups trying to establish residential facilities for recovering persons. Missouri's revolving fund is managed by the Division of Alcohol and Drug Abuse.

**Compulsive Gambling**—The division provides outpatient treatment services to compulsive gamblers and their families throughout Missouri. Funding comes from casino admission fees. The division also certifies compulsive gambling counselors.



## MISSOURI DEPARTMENT OF MENTAL HEALTH Division of Alcohol and Drug Abuse

## Northern/Central Region Office

Regional Administrator The Resource Center 1500 Vandiver Dr., Suite 100 Columbia, MO 65202 573/882-9920

Serving the following counties: Adair, Andrew, Atchison, Audrain, Bates, Benton, Boone, Buchanan, Caldwell, Callaway, Camden, Carroll, Cedar, Chariton, Clark, Clinton, Cole, Cooper, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Howard, Knox, Laclede, Lewis, Linn, Livingston, Macon, Marion, Mercer, Miller, Moniteau, Monroe, Montgomery, Morgan, Nodaway, Osage, Pettis, Pike, Pulaski, Putnam, Ralls, Randolph, St. Clair, Saline, Scotland, Schuyler, Shelby, Sullivan, Vernon, Worth

## **Eastern Region Office**

Regional Administrator St. Louis Psychiatric Rehabilitation Center Dome Building 5400 Arsenal, Mail Stop A-419, 4th Floor St. Louis, MO 63139 314/877-0370

Serving the following counties: Franklin, Jefferson, Lincoln, St. Charles, Warren, St. Louis City and St. Louis County.

## Southeastern Region Office

Regional Administrator Division of Alcohol and Drug Abuse c/o Division of Employment Security 2722 Oak Grove Rd. Poplar Bluff, MO 63901 573/840-9245

> Assistant Regional Administrator 1107 Kingshighway P.O. Box 884 Rolla, MO 65402 573/368-2297

Serving the following counties: Bollinger, Butler, Cape Girardeau, Carter, Crawford, Dent, Dunklin, Gasconade, Iron, Madison, Maries, Mississippi, New Madrid, Pemiscot, Perry, Phelps, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Washington, Wayne

## Southwestern Region Office

Regional Administrator 1915 West Sunshine, #B Springfield, MO 65807 417/895-6328

Serving the following counties: Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright

## Western Region Office

Regional Administrator Division of Alcohol and Drug Abuse Western Missouri Mental Health Center 600 E. 22nd St. Kansas City, MO 64108 816/512-4900

Serving the following counties: Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray

## Division of Comprehensive Psychiatric Services (CPS)

### **OVERVIEW**

The Division of Comprehensive Psychiatric Services (CPS) is responsible for assuring the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families requiring public mental health services. The division exercises this responsibility by providing services directly through its state-operated facilities and programs and contracting through 25 administrative agents to provide an array of community programs. It is the division's goal to give priority to people with serious mental illnesses, individuals in acute crisis, individuals who are homeless and mentally ill, those committed for treatment by the court system, and children with severe emotional disturbances.

CPS provides an array of services, including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization as well as evaluation and treatment of persons committed by court order. Eligibility for these services is determined through regional administrative agents designated by the division.

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

The current year (FY 2001) operating budget for the division is \$310,922,738.

## CPS STATE FACILITIES

The Division of Comprehensive Psychiatric Services directly operates three long-term and three acute-care facilities. One additional facility has both a long-term and an acute-care program. In addition, the Division operates one children's psychiatric hospital and one children's residential center.

Adult Inpatient Facilities — Intermediate and long-term inpatient care are provided on a regional basis by five state rehabilitation hospitals located in St. Louis, St. Joseph, Fulton, El Dorado Springs, and Farmington. These facilities have a combined (FY 2001) budget of \$99,797,179.

Services include general psychiatric care; specialized programs in forensics, inpatient evaluation, and treatment for adults diagnosed with drug and/or alcohol dependence; and brain trauma services.

In addition, there are three psychiatric centers located in St. Louis, Kansas City, and Columbia that provide acute psychiatric care and emergency psychiatric services to persons with mental illnesses. The current year (FY 2001) budget for these centers is \$44,257,383.

A comprehensive array of community-based mental health services and supports are provided. They include screening, assessment, crisis intervention, case management, support therapy, medication management, and psycho-social rehabilitation. Inpatient and residential programs to area children and adolescents, including activity, peer groups, and family therapy, also may be provided.

Children's Facilities — The children's facilities provide services for children and youths up to the age of 18 who have serious emotional disturbances. The division operates an acute children's psychiatric hospital, Hawthorn in St. Louis, and a residential facility, Cottonwood in Cape Girardeau. These facilities have a combined current year (FY 2001) budget of \$8,412,408. In addition, there are 32 beds dedicated to children and youths in three adult facilities.

## FORENSIC SUPPORT SERVICES

Under Chapter 552 RSMo. the Department of Mental Health is statutorily mandated to provide monitoring to forensic clients acquitted as not guilty by reason of mental disease or defect who are given conditional releases to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are nine forensic case monitors located across the state: three in St. Louis, two in Kansas City, two in Fulton, one in Nevada and one in Farmington. Forensic case monitors must see each forensic clients at least once per month to monitor compliance with conditions of release and to ensure public safety. There are approximately 435 forensic clients on conditional release statewide.

The department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552 RSMo. The department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The current budget (FY 2001) for forensic support services is \$746,105 for monitoring of those committed to the department but on conditional release from an inpatient setting. In FY 1999, 648 pretrial evaluations were completed and approximately 400 forensic clients were monitored in the community.

## CHILDREN'S PROGRAMS

Over the last few years, the division has worked to move its children's service system from a facility-based system to an integrated, community-based system of care. The foundation for the success of this system change is based on the underlying philosophical principles of the Child and Adolescent Service System Project (CASSP). These principles are that services are community-based, child-centered, and family-focused. These principles have been operationalized by restructuring the service system into five geographic areas corresponding to the adult regions; decentralizing residential placement funding; by developing an array of community-based treatment and support options in each service area; and by including increased family input into the system-development process. Although a fully integrated, community-based system has not been actualized, the department has realized considerable advances toward shifting the system to local communities.

Through the purchase—of—service mechanism, contracted arrangements are made with local community mental health centers and providers to provide screening, evaluation, psychotherapy, medication services, case management, and crisis services.

The following paragraphs describe some of the services available in communities and funded through the youth community programs appropriation.

Targeted Case Management (TCM) — Services are provided for children already admitted to the system and are aimed at providing support to the children and families, linking the children to the service system, and coordinating the various services they receive. Case managers work with the families, treatment providers, and other child-serving agencies to assist the children in remaining in or progressing toward least-restrictive environments. TCM may include helping to develop a treatment plan; identifying, arranging, and monitoring services; reviewing cases and documenting the progress of children in treatment; and acting as the children's advocates.

Day Treatment offers an alternative form of care to children who have serious emotional disturbances and who require a level of care greater than can be provided by the school or family, but not as intense as full-time inpatient service. Day treatment may include vocational education, rehabilitation services, individual and group therapies, and education services

**Residential Treatment** — These services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less-restrictive environment or at home.

Treatment Family Homes — This service provides individualized treatment within a community-based family environment with specially trained foster parents. It allows out-of-home services for those needing them, but also allows children to remain in their own communities and often in their home school districts.

**Families First** is a comprehensive, time-limited, in-home crisis services program. It is designed to reduce out-of-home placement of children who are seriously emotionally disturbed or experiencing an acute psychiatric condition and are at imminent risk of being removed from their homes.

**Extended Families First** — This program is designed to expedite and ensure successful reunification of children who are in community placement and who have a severe emotional disturbances with families and homes. Services include a range of therapeutic crisis intervention skills as well as support and coordination of community resources.

CHILD &
ADOLESCENT
SERVICE
SYSTEM
PROJECT
(CASSP)

Missouri CASSP is a joint project involving the Missouri departments of Mental Health, Social Services, and Elementary and Secondary Education and families. The project is dedicated to developing a range of community-based services for children who have emotional or behavioral problems and their families; to responding to the multiple needs of children and families through more-effective collaboration among state and local agencies; to increasing family (CASSP) participation in all aspects of planning and delivery of services; and to ensuring that all services respond competently to cultural and ethnic differences.

The system of care promoted by CASSP includes a range of non-residential services (outpatient, day treatment, home-based, and crisis services) and a range of residential services (therapeutic foster care, group homes, residential treatment, and inpatient services). CASSP teams work through the division's 25 administrative agents, its community placement regions, and psychiatric inpatient facilities.

## ADULT COMMUNITY PROGRAMS

<u>Community Psychiatric Rehabilitation</u> (CPR) program is a client-centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services estimates spending approximately \$14.5 million from general revenue for the 40-percent state match in FY 2001.

<u>Targeted Case Management</u> includes the following services: arrangement, coordination, and assessment of the individual's need for psychiatric treatment and rehabilitation, as well as other medical, social, and educational services and supports; coordination and monitoring of services and support activities; and documentation of all aspects of case management services, including case openings, assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure.

<u>Purchase of Sevices</u> — Contractual arrangements are made to purchase services from a menu of basic community mental health services from local mental health professionals and community mental health centers as defined in sections 630.405 - 630.460 RSMo. 1996.

<u>Residential</u> — Residential services provide a variety of housing alternatives to meet the diverse needs of clients. Funds are used to support the cost of such housing services as nursing facilities, residential care facilities, group homes, and supported housing. As defined in sections 630.605 - 630.660 RSMo. 1996, contractual arrangements are made to obtain these residential services in the community. As individuals move into more normalized housing alternatives, they require intensive and flexible services and supports in order to maintain that housing. Provisions of these services and supports will enable these individuals to successfully live and work in their communities.

Following are some examples of some of the residential services included:

<u>Intermediate Care Facilities Home Type I/II</u>— an intermediate care facility is a long-term care facility licensed as such by the Division of Aging. This facility type serves an adult population of the general public, as well as people who are mentally ill and mentally retarded/developmentally disabled. The client is provided room, board, personal attention, and nursing care in accordance with his/her condition, individualized treatment planning, and protective oversight and supervision.

Residential Care Facility I— a residential care facility is a long-term care facility licensed as such by the Division of Aging and may also be licensed by the Department of Mental Health. This facility serves an adult population of the general public, as well as people who are mentally ill and mentally retarded/developmentally disabled. Although these are considered long-term care facilities, it is expected that the client be encouraged and assisted in developing self-care skills which would qualify him/her for a less-restrictive treatment setting. The following services shall be provided by the contractor: room, board, and routine care; participation in an individualized treatment/habilitation plan authorized by the department to be carried out by the contractor; medication supervision and transportation which includes annual physicals, medical emergencies, recreation activities, routine shopping trips for clothing and personal items and routine medical care.

## NURSING HOME REFORM

In December 1987, Congress passed the Ombudsman Nursing Home Reform Act (OBRA). In FY 1991, the Department of Mental Health was appropriated funds to comply with the mandated activities, which include screening people residing in or referred to nursing home facilities to determine if those people need specialized services for mental illness.

The Department of Mental Health must continue its assessment process to accomplish the following:

- Assess all persons residing in or referred to nursing facilities, including state and non-state clients,
- Maximize federal financial participation in Nursing Home Reform Act (NHRA) mandated activities at the 75-percent level, and
- Prevent federal disallowances that would jeopardize the state's Medicaid funding.

The division contracts for evaluation and receives 75-percent matching reimbursement from the federal government. The division expects to spend approximately \$56,000 from general revenue for the 25-percent state match in FY 2000.

## DIVISION OF CPS ADMINISTRATIVE AGENTS

Area 1 Family Guidance Center 510 Francis, #200, St. Joseph, MO 64501 816-364-1501 800-735-2966 (TT) State-Operated Facility: Northwest Missouri **Psychiatric Rehabilitation Center** 3500 Fredrick, St. Joseph, MO 64506; 816-387-2300, 816-387-2300 (TT) Counties served: Atchison, Nodaway, Holt, Andrew, Buchanan, Clinton, DeKalb, Gentry, Worth

### Areas 2-5

Truman Medical Center Behavioral Health 2211 Charlotte, Kansas City, MO 64108-2620; 816-467-1400

State-Operated Facility: Western Missouri Mental HealthCenter, 600 E. 22nd St., Kansas City, MO 64108; 816-512-4000, 816-512-4670 (TT) Swope Parkway Health Center, 3801 Blue Parkway, Kansas City, MO 64130; 816-922-7645, 800-735-2966 (TT)

Research Mental Health Services, 901 N.E. Independence Ave., Lee's Summit, MO 64086 816-246-8000, 816-512-4307 (TT)

## Comprehensive Mental Health Services

10901 Winner Road P.O. Box 520169 Independence, MO 64052;816-254-3652, 800-735-2966 (TT) All of the above serve Jackson County. Please contact the agency near you.

Iri-County Mental Health Services, 3100 NE 83rd St., Kansas City, MO 64119-9998;816-468-0400 800-735-2966 (TT) Counties served: Platte, Clay,

Pathways Community Behavioral Healthcare, Inc. 520C Burkarth Road, Warrensburg, MO 64093 660-747-7127 Counties served: Lafayette, Johnson, Cass

### Area 8

State-Operated Facility: Southwest Missouri Psychiatric Rehab Center, 1301 Industrial Parkway East, El Dorado Springs, MO 64744 417/876-1000

Affiliated Centers: Pathways Community **Behavioral Healthcare, Inc.** 1800 Community Dr., Clinton, MO 64735; 660-885-4586, 417-448-2323

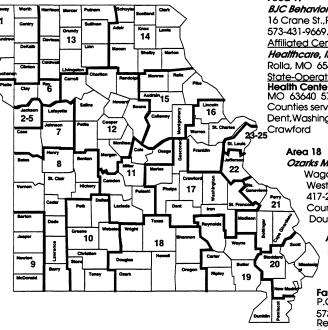
Pathways Community Behavioral Healthcare, Inc. 2203 N. Elm, Nevada, MO 64772; 417/448-2621 Counties served: Henry, Benton, St. Clair Clark Community Mental Health Center, 307 Fourth St., P.O. Box 285, Monett, MO 65708; 417-235-6610 Counties served: Bates, Vernon, Henry, St. Clair, Cedar, Benton, Hickory, Barry, Lawrence, Dade

### Area 9

Ozark Center, 2936 McClelland, P.O. Box 2526. Joplin, MO 64803; 417-781-2410, 800-735-2966 (TT) Counties served:Barton, Jasper, Newton McDonald

### Area 10

Burrell Behavioral Health, 1300 Bradford Parkway, Springfield, MO 65804; 417-269-5400 Counties served: Greene, Christian, Stone, Taney, Webster, Dallas, Polk



Pathways Community Behavioral Healthcare, Inc., 1905 Stadium Blvd., Jefferson City, MO 65110-4146; 573-634-3000

Affiliated Center: New Horizons Community Support Services, 2006 Missouri Boulevard, Jefferson City, MO 65109; 573-636-8108

Counties served: Cole, Osage, Miller, Camden, Laclede, Pulaski

University Behavioral Health Services, 601 Bus. Loop 70 West, Suite 202, Columbia, MO 65201; 573-884-1515 State-Operated Facility: Mid-Missouri Mental Health Center, #3 Hospital Drive Columbia, MO 65201; 573-884-1300, 573/884-1012 (TT)

New Horizons Community Support Services, 1010 Fay St., Columbia, MO 65201; 573-443-0405

Counties served: Carroll, Chariton, Randolph, Howard, Pettis, Cooper, Boone, Moniteau, Morgan, Saline

North Central Missouri Mental Health Center, 1601 E. 28th, Box 30, Trenton, MO 64683;

660-359-4487 Counties served: Harrison, Mercer, Grundy, 63103-1115; 314-531-1770 Putnam, Daviess, Sullivan, Caldwell, Livingston, Linn

### Area 14

### Mark Twain Area Counseling Center,

917 Broadway, Hannibal, MO 63401; 573-221-2120 Counties served: Schuyler, Scotland, Clark, Adair, Knox, Lewis, Macon, Shelby, Marion

Arthur Center, 713 E. Jackson, Mexico, MO 65265 573-581-1785, 800-735-2966 (TT) State-Operated Facility: Fulton State Hospital, 600 E. 5th, Fulton, MO 65251; 573-592-4100, 573-592-3498 (TT) Counties served: Monroe, Ralls, Audrain, Pike, Montomery, Callaway

Crider Center, 1032 Crosswinds Court, Wentzville, MO 63385; 636-332-8000, 800-735-2966 (TT) Counties Served: Lincoln, Warren, Franklin, St. Charles

BJC Behavioral Health Services—Park Hills Division 16 Crane St., Park Hills, MO 63601; 573-431-9669. (V/TT) is the same. Affiliated Centers: Pathways Community Behavioral **Healthcare, Inc.,** 1435 Hauck Drive, P. O. Box 921, Rolla, MO 65401: 573-364-7551

State-Operated Facility: Southeast Missouri Mental Health Center, 1010 West Columbia, Farmington, MO 63640 573-756-6792, 573-756-6792, ext. 507(TI) Counties served: St. Francois, Iron,

Dent, Washington, Gasconade, Maries, Phelps,

Ozarks Medical Center, 1208 Porter Wagoner, Suite 7, P.O. Box 1100, West Plains, MO 65775 417-257-6762, 800-735-2966 (TT) Counties served: Wright, Texas, Shannon, Douglas, Ozark, Howell, Oregon

### Area 19

## Service Area #19 Board

Affiliated Centers: Positive Resources, Inc., 213 S. Broadway, Poplar Bluff, MO 63901; 573-686-1123 Family Counseling Center, 925 Hwy. W P.O. Box 71, Kennett, MO 63857 573/888-5925 Counties served: Reynolds, Carter, Ripley, Wayne, Butler, Dunklin, Pemiscot

### Area 20

Bootheel Counseling Services, 760 Plantation Blvd. Box 1043, Sikeston, MO 63801; 573-471-0810 Counties served: Stoddard, Scott, Mississippi, New Madrid

### Area 21

Community Counseling Center, 402 South Silver Springs Road, Cape Girardeau, MO 63701 573-334-1100 Counties served: Ste. Genevieve, Cape Girardeau, Perry, Bollinger, Madison

### Area 22

Comtrea Community Treatment, 227 Main St. P.O. Box 519, Festus, MO 63028; 636-931-2700 Serves Jefferson County

### Areas 23-25

### BJC Behavioral Health Services,

1430 Olive, Suite 500, St. Louis, MO 63103 314-206-3400

Hopewell Center, 1504 S. Grand, St. Louis, MO

BJC Behavioral Health Services

1430 Olive, Suite 500, St. Louis, MO 63103 314-206-3700

State-Operated Facilities: Metropolitan St. Louis Psychiatric Center, 5351 Delmar, St. Louis, MO 63112 314-877-0500, 314-877-0775 (TT)

St. Louis Psychiatric Rehabilitation Center 5300 Arsenal, St. Louis, MO 63139 314-644-8000, 314-644-7945 (TT)

Affiliated Centers: Places for People, Inc., 4120 Lindell Blvd. St. Louis, MO 63108; 314-535-5600 Independence Center, 4380 W. Pine Blvd.

St. Louis, MO 63108; 314-533-4380

ADAPT Institute of Missouri 2301 Hampton, St. Louis, MO 63139; 314/644-3111



## Division of Mental Retardation and Developmental Disabilities (MRDD)

## **OVERVIEW**

The Division of Mental Retardation and Developmental Disabilities (MRDD) is responsible for ensuring that the citizens of Missouri have access to the services and supports that they want and need. These services and supports include prevention of disabilities, evaluation, habilitation, and rehabilitation services.

The division achieves its mission through case management and support staff in 17 facilities. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health.

People of all ages who have developmental disabilities are eligible for division services. Eligibility is determined by the division's 11 regional centers, which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo). This law requires that the person's disability must have occurred before age 22 (during the developmental period) and that it is likely to continue indefinitely.

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family (in the case of a minor child) is financially able to pay a portion of the costs. Charges are determined using a table that evaluates family size, income, and the type of service. However, many other resources, especially third-party payments, also must be used to cover costs. The division's current (FY 2001) operating budget is \$266,344,377.

## STATE FACILITIES

Regional Centers - Based in 11 principal sites and supported by numerous satellite locations, the division's regional centers serve as the entry point into the service system. Each center serves from three to 15 counties. Staffed by case managers and support personnel, the centers perform intake activities which help to determine if an individual is eligible for services. After a person is found eligible, the center, in partnership with the individual and family, works to identify needed services or supports. These services and supports are documented in individual plans which describe what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing individual plans, the center staff strive to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. Referrals to habilitation centers are made when the individual's plan indicates that these facilities are the most appropriate. The 11 regional centers serve approximately 25,951 people annually with a total budget of approximately \$23.5 million.

Habilitation Centers - The primary mission of the division's six habilitation centers is to provide residential, support, and treatment services to people referred by the regional centers. Each resident of the habilitation center has an individual plan which identifies services and supports needed to live successfully in the habilitation center to return to the community.

The division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Nevada, Higginsville, and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICFs-MR) and receive federal Medicaid matching funds. The six habilitation centers are receiving approximately \$96.5 million in FY 2001.

## COMMUNITY-BASED SERVICES

The division contracts for a variety of services and supports for people with disabilities and their families. This array of services meets lifetime needs of people with disabilities. Services include early childhood intervention, therapies, training, and vocational, recreational, and residential supports. Services may be funded or provided through a variety of sources, depending upon factors such as an individual's special needs, his/her eligibility for the program, and his/her living arrangement. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through generic rather than specialized providers when possible. Likewise, local, third-party, and federal funds are accessed as they would be for people without disabilities.

Of the 27,460 people receiving services through the division, approximately 25,951 of them live in some type of community setting. They live in their family homes; with relatives who receive family support services; or in their own homes, either alone or with one or two others who receive individualized supported living (ISL) services. Other types of residential options include foster homes, group homes, residential care centers, and community-based ICFs-MR. The division receives approximately \$114.9 million for community programs.

## CONSUMER AND FAMILY DIRECTED SUPPORT

## Missouri's Consumer and Family Directed Support

Missouri's Consumer and Family Directed Support is a way of doing business with individuals with developmental disabilities and their families designed to:

- encourage their active participation in planning and directing services and supports;
- support them in meeting their most important needs;
- keep families together (for as long as the individuals and family choose);
- maximize limited resources; and
- connect individuals and families with one another and with their communities to encourage their full participation in all aspects of home, school, work, and community life.

Missouri's Consumer and Family Directed Support is based on a set of principles that say "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with developmental disabilities is to support and empower their families to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

Missouri's Consumer and Family Directed Support is a partnership of families, community members and organizations, the division of MRDD and other state and local school districts, Senate Bill 40 Boards, Dept. of Social Services (the Medicaid agency), Bureau of Special Health Care Needs, Division of Aging, Division of Vocational Rehabilitation, and many others. No one entity will ever be able to meet the needs of everyone. The state must work together and pool its resources to meet the most important needs of all individuals with developmental disabilities and their families.

Missouri's Family Directed Support Program was developed for families working in partnership with the Missouri Division of MRDD. It was implemented in 1998 to support families caring for a member with a developmental disability living with them in their home.

Home and Community-Based Waiver—In addition to its purchase of support services (nonresidetial services) and its community placement (residential services) programs, the division uses general revenue funds to match federal dollars to pay for services through Medicaid. The primary Medicaid program is the Home and Community-Based Waiver for Persons with Developmental Disabilities. It began in FY '89.

The majority of individuals to whom the division provides residential services are Medicaid eligible, and the Home and Community Based Waiver has been the primary funding source for a variety of support services the individuals receive. In FY 2001, the division expects to serve approximately 8,350 people through this waiver at an average daily cost of \$65. An estimated 38 percent of these individuals who live with their families will receive support services so they may continue to live at home, 31 percent of these people will be individually supported in group living arrangements of three or fewer, and another 31 percent will receive support services in congregate living arrangements.

Choices for Families - When families maintain members with disabilities at home, they are often confronted with many challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibility; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family members require.

Choices for Families provides funds to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional centers, or the families obtain vouchers from the regional centers to obtain items or services from vendors, who then submit the voucher to the regional centers for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for virtually any family support service for which there may not be a suitable contracted provider.

Family Stipend and Loan Program - This program began in 1993 when the General Assembly passed House Bill 330 to assist Missouri's families who have children (under age 18) with developmental disabilities living at home. The programs were created to help maintain and enhance families' ability to care for their children at home.

The monthly cash stipend can be used for goods and services that benefit the child and the family, thereby differing from the Choices for Families program, which is aimed directly at the person (of any age) who has a developmental disability. The stipend can amount to the maximum monthly federal SSI payment for an individual with a disability who lives alone.

Low-interest loans, with a maximum amount of \$10,000 for a 60-month period, are available for families who may not otherwise be able to get such loans through traditional means. The loans are typically used for major equipment purchases, home modifications, or similar goods and services.

The amount received in FY 2001 to fund the stipend and loan program is \$1,390,221.

Missouri Advocates for Individuals with Developmental Disabilities (MOAIDD) - As a second phase of the Certification and Quality Enhancement project, MOAIDD is a statewide volunteer organization of people with disabilities and their families. Its purpose is to develop and operate a program of periodic monitoring visits to residential programs. Trained MOAIDD volunteers report positive as well as negative aspects of programs. This process is unique because it monitors programs from the consumer and family point of view. The monitors do not evaluate according to local, state, or federal regulations. Instead, they try to determine quality of life.

The emphasis of a MOAIDD review is on cooperative partnerships among consumers, agencies, and the Division of MRDD. Throughout the process the focus is on the individual—his/her dignity, rights, and quality of life.

**Autism Services** - Autism is a life-long developmental disability that typically appears during the first three years of life. Persons with autism may be severely impaired in communication and social interactions. Autism and autisticlike symptoms are the results of a neurological disorder that affects the functioning of the brain. Classified as a syndrome, autism is a collection of behavioral symptoms that may have more than one cause.

In FY 2000 consumer-driven autism projects served approximately 363 families in Central Missouri, 226 families in Southeast Missouri, 150 families in Northwest Missouri, 375 families in Southwest Missouri, and 128 in Eastern Missouri.

The division receives \$3,714,965 for the autism projects. The approximate cost of services is \$2,550 per family.

**First Steps** - First Steps provides early intervention services to families with young children who have disabilities, ages birth to three. The program consists of the planning, development, and implementation of a coordinated, interagency system of family-focused services for eligible infants and toddlers. First Steps is a collaborative effort of the Missouri departments of Elementary and Secondary Education, Health, Mental Health, and Social Services.

To be eligible for this program, children from birth to three years of age are:

- Diagnosed as having at least a 50-percent delay in one or more of the following areas of development: Cognitive; communication; adaptive; physical, including vision and hearing; and social/emotional; or
- Diagnosed as having a designated physical or mental condition that has a high probability of resulting in a developmental delay.

The appropriation for early intervention services is approximately \$9,593,238. Approximately 2,381 children will be served in FY 2001.

## INTER-GOVERNMENTAL AGREEMENTS

The past few years have brought about unprecedented cooperation between Senate Bill 40 boards and the division. Because most S.B. 40 boards provide or procure services for division-eligible consumers, many of the boards have entered into specialized contracts with DMH. Under these contracts the boards and division

- Plan together to avoid duplication of programs;
- Use county S.B. 40 monies as state matching funds to expand availability of waiver services to Medicaid-eligible residents of participating counties; and
- Use S.B. 40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited.

## SHARED UNIT CONTRACTS

This type of contract is also available to S.B. 40 boards and other not-for-profit contractors. With shared unit contracts, the division buys blocks of services from providers instead of authorizing units for each person. State payments are then made in 12 equal amounts, based on the provider's prior-year expenditures. Monitoring is done on a quarterly basis with contract adjustments as necessary.

Shared unit contracting has several distinct benefits, including the following:

- Gives participants more of a hand in making decisions about revising programs to meet individual and family needs, i.e., terminating services that are no longer beneficial or opting for additional services;
- Makes it easier for providers to respond quickly to critical family needs such as the need for respite and other support services; and
- Streamlines the authorization process by freeing the division's regional center case managers of time-consuming paperwork, thus, giving them more time to provide advocacy and other critical services to the people they serve.

# MISSOURI PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

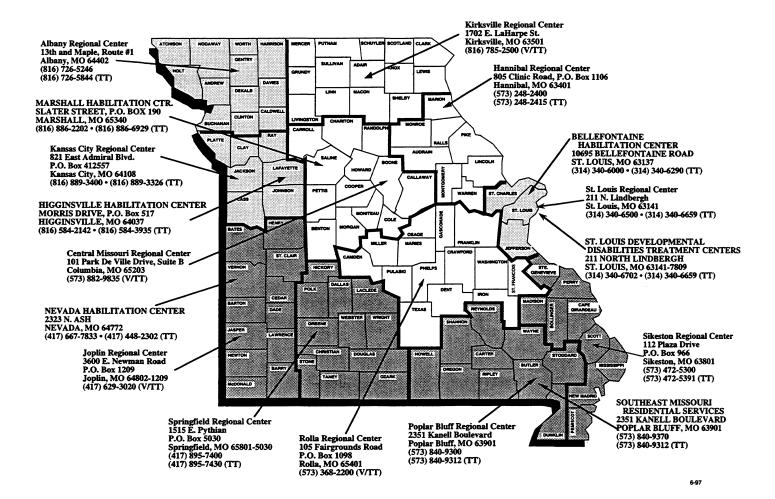
The division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the division and used to support the activities of the Missouri Planning Council for Developmental Disabilities, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri Planning Council's plan provides for

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

## REGIONAL CENTER AND HABILITATION CENTER SERVICE REGIONS BY DISTRICT

## Division of Mental Retardation and Developmental Disabilities REGIONAL CENTERS AND HABILITATION CENTERS (By District)



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Missouri Department of Mental Health 1706 East Elm St., P.O. Box 687 Jefferson City, MO 65102 573-751-4122 or 1-800-364-9687 573-526-1201 TT • 573-751-8224 Fax

http://modmh.state.mo.us

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, religion, national origin, disability or age of applicants or employees.